



## State of New Jersey

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### ***NJDHSS Guidelines for Addressing the Shortage of Flu Vaccine in Long-term Care Facilities (LTCFs), Assisted Living Facilities and Other Institutional Settings, November 5, 2004***

- ❑ If influenza vaccine is available, immunize residents first, before employees.
- ❑ Immediately verify immunization status for all new residents upon admission. Check whether newly admitted residents have received pneumococcal and influenza vaccines. Administer pneumococcal vaccine as appropriate. LTCFs should consider expected length of stay in determining whether to vaccinate residents with influenza vaccine. For instance, if the resident's expected length of stay is  $\leq 14$  days, then influenza vaccination might not be considered a priority since it takes up two weeks for adults to achieve peak antibody protection against influenza. (i.e., if the resident's expected length of stay is less than 20 days, then immunization may not be priority.)
- ❑ Depending on how much influenza vaccine is available, ambulatory residents should be given primary consideration since they have more opportunities to be exposed to influenza than a resident confined to his or her bed. Also, if the facility layout is such that one or more units are well isolated from other areas, consider immunization for the entire resident and direct care population of those units, but only after all eligible ambulatory patients are vaccinated.
- ❑ Attempt to obtain FluMist vaccine for health care workers who can take it and who work with bedfast residents, since bedfast residents are less likely to be immunized if influenza vaccine availability is limited. All employees should be reminded that they should not come to work if they have fever and flu-like symptoms. Adults typically are infectious from the day before symptoms begin through approximately 5 days after illness onset.
- ❑ Require that all employees and visitors observe Universal Respiratory Precautions throughout the facility.
- ❑ Consider temporary restrictions on visiting as to limit the opportunity for transmission of the influenza virus. In the event of an influenza outbreak in a LTCF, limit visitation and keep respective residents and staff isolated to their unit areas. Suspend central dining and event activity.
- ❑ All persons who live or work in institutions caring for people at high risk for serious influenza-related complications should be offered chemoprophylaxis in the event of an institutional outbreak.
- ❑ The accompanying document provides recommendations for detecting and controlling suspect outbreaks of respiratory illness, including influenza, in a LTCF. Further information on the detection and control of influenza outbreaks is available at [http://www.cdc.gov/ncidod/hip/INFECT/flu\\_acute.htm](http://www.cdc.gov/ncidod/hip/INFECT/flu_acute.htm).